United Nations DP/FPA/CPD/MWI/8

Executive Board of the United Nations Development Programme, the United Nations Population Fund and the United Nations Office for Project Services

Distr.: General
5 July 2018

Original: English

Second regular session 2018
4-7 September 2018, New York
Item 8 of the provisional agenda
UNFPA – Country programmes and related matters

United Nations Population Fund

Country programme document for Malawi

Proposed indicative UNFPA assistance:	$45.5 million: $10.5 million from regular resources and $35 million through co-financing modalities and/or other resources, including regular resources
Programme period:	Five years (2019-2023)
Cycle of assistance:	Eighth
Category per decision 2017/23:	Red

Proposed indicative assistance (in millions of $):

Strategic plan outcome areas		Regular resources	Other resources	Total
Outcome 1	Sexual and reproductive health	5.3	15.0	20.3
Outcome 2	Adolescents and youth	2.1	10.0	12.1
Outcome 3	Gender equality and women's empowerment	1.1	5.0	6.1
Outcome 4	Population dynamics	1.0	5.0	6.0
Programme coordination and assistance		1.0	-	1.0
Total		10.5	35.0	45.5

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I. Programme rationale

1. The population of Malawi, estimated at 17.4 million in 2017, has an annual growth rate of 2.8 per cent and is projected to reach 41.2 million by 2050. It is a young population, with 47 per cent below the age of 15. By the age of 18, 47 per cent of girls are already married and 29 per cent aged 15-19 have begun childbearing, contributing to 25 per cent of all pregnancies annually. Poverty is still widespread, exacerbated by high fertility and a high dependency ratio (91 per cent). The Government has adopted the demographic dividend as a conceptual framework to guide programming and policy formulation to accelerate socioeconomic development.

2. The maternal mortality ratio fell from 675 to 439 per 100,000 live births between 2010 and 2015-16, due to increased contraceptive use, improved access to emergency obstetric care services (from 2 to 40 per cent) and increased skilled birth attendance (from 71 to 90 per cent) over the same period. To further reduce maternal mortality and morbidities, more efforts are needed to scale up the provision of and access to high-quality emergency maternal and neonatal care, including through community engagement and male involvement. The prevalence of obstetric fistula among women of reproductive age is estimated at 0.6 per cent.

3. Malawi has made progress in reducing the total fertility rate from 5.7 in 2010 to 4.4 in 2015-16, mainly due to increased uptake of modern contraceptives. The contraceptive prevalence rate increased from 42 to 58 per cent for married women in the same period. However, the contraceptive prevalence rate among adolescents remains low at 37.5 per cent, resulting in one of the highest adolescent birth rates in Africa: 136/1,000. Limited comprehensive sexuality education, and prevailing myths and misconceptions associated with contraceptive use remain challenges in the efforts to address adolescent fertility.

4. HIV prevalence among men and women aged 15 to 49 decreased from 10.6 per cent in 2010 to 8.8 per cent in 2015-16, although prevalence among sex workers and men who have sex with men is still high: 62 and 21 per cent respectively. New HIV infections steadily declined from 74,000 in 2012 to 34,000 in 2017, although over 50 per cent of the new infections occurred among adolescent girls and young women aged 15-24. The high HIV prevalence among girls and women is attributed to early sexual debut; harmful cultural practices, including child marriage; lack of empowerment of girls and women to negotiate for safe sex; and limited access to HIV prevention information and services.

5. Gender-based violence is still a major concern in Malawi. In 2015-16, about 34 per cent of women aged 15-49 have experienced physical violence and 21 per cent have experienced sexual violence. Although Malawi has made improvements in legal and policy frameworks for women's empowerment and gender equality, deep-rooted harmful cultural practices, high gender inequality (0.614) and limited accountability systems affect access to justice and the realization of sexual and reproductive health and rights.

6. Malawi is a disaster-prone country, with 15 out of the 28 districts experiencing droughts and floods every year. The Government has an annual contingency plan in place to guide emergency response interventions. However, challenges regarding district-level cluster coordination, limited availability and utilization of reliable and disaggregated data in emergencies, and limited knowledge of the minimum initial services package reduce the effectiveness of response interventions, particularly for pregnant and lactating women, adolescents and young people.

7. The seventh country programme contributed directly to the: (a) fall in the maternal mortality ratio by improving access to high-quality emergency obstetric and neonatal care services in 19 designated obstetric care facilities; training 120 midwives; operationalizing 33 maternal death surveillance and response committees; and training 200 service providers in maternal death surveillance and response; (b) increase in the contraceptive prevalence rate by ensuring the continuous availability of a range of modern contraceptives; training 880 family planning service providers in long-acting reversible contraceptives, bilateral tubal ligation and hormonal injectable contraceptives; and strengthening the logistics management information system, as a

result of which there were no stock outs of family planning commodities in tertiary and district hospitals; (c) fall in the number of new HIV infections as a result of 20 'Condomize' campaigns that reached 82,246 young people and access to information and services for high-risk groups such as sex workers and out-of-school youth; (d) development and enactment of the Gender Equality Act, including its operationalization through advocacy and engagement with traditional leaders; the review of the Prevention of Domestic Violence Act; the roll out of 'end child marriage' campaigns; and the introduction of gender studies in colleges; (e) increase in investment in and utilization of integrated youth-friendly health services through the establishment of the interministerial committee on adolescents and youth and the establishment of nine youth service centres; and (f) prioritization of population dynamics in the Malawi Growth and Development Strategy III through the dissemination and adoption of the 2015 demographic dividend study and support to the review of national population policy.

8. Key lessons include: (a) regular capacity-building, mentoring and coaching of critical government partners is required to address the high turn-over of staff; (b) integration of vocational skills in adolescent and youth programmes yields greater programme results, considering the correlation between employment, education and empowerment; (c) continuous engagement with media networks improves the effectiveness of policy advocacy and social behaviour change communication interventions; and (d) limited utilization of innovative information sharing platforms among young people in rural areas requires UNFPA investments in broadcast and outdoor media.

II. Programme priorities and partnerships

9. The proposed country programme for 2019-2023 was developed in consultation with the Government, United Nations organizations, development partners, human rights institutions and civil society organizations, and is in line with the priorities of the Government of Malawi as outlined in the Malawi Growth and Development Strategy III (2017-2022), which, in turn, responds to the 2030 Agenda for Sustainable Development. It is also aligned to the UNFPA Strategic Plan for 2018-2021 and the 2019-2023 United Nations Development Assistance Framework for Malawi.

10. The country programme will use multiple strategies to achieve the programme objectives, including policy advocacy and dialogue; knowledge management and strategic partnerships at national level; and service delivery and capacity development interventions in five districts (Nkhata-bay, Chiradzulu, Mangochi, Dedza and Mchinji). Interventions will continue to focus on these districts to consolidate gains from the seventh country programme and to scale up interventions across the whole of the districts.

11. In line with the 'delivering as one' principle, UNFPA will partner with other United Nations organizations to implement joint programmes for evidence generation, family planning and adolescent sexual and reproductive health. Strategic partnerships will be strengthened and consolidated with key government ministries, United Nations organizations, the private sector, media networks and academia. Collaborating with civil society organizations, including faith-based institutions, will be critical in engaging hard-to-reach communities and ensuring that 'no one is left behind'.

A. Outcome 1: Sexual and reproductive health and rights

12. *Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings.* The country programme will (a) scale up combined HIV prevention efforts at national level, with a focus on key populations; (b) continue to supply maternal and newborn care equipment and life-saving commodities to designated health facilities to provide high-quality and comprehensive maternal health care services; (c) build the capacity and leadership of the Government in obstetric fistula management; (d) provide technical support towards implementation of the costed family planning action plan; (e) scale up outreach activities

and establishment of youth-friendly health service centres; (f) continue supporting existing maternal death surveillance and response systems; (g) provide technical and material support to training colleges, associations and regulators to improve pre- and in-service midwifery training; and (h) train health workers and civil protection committees to ensure effective and coordinated delivery of minimum initial service package delivery in humanitarian settings.

13. *Output 2: The Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking.* In close collaboration with United Nations organizations, external development partners and the media, UNFPA will (a) continue to monitor availability of sexual and reproductive health commodities at all levels and further improve the supply chain system; (b) advocate for implementation of the Family Planning 2020 and London Summit commitments, including increased national budget allocation for family planning; (c) distribute and track reproductive health commodities and life-saving drugs where required; and (d) engage with health workers and community-based organizations to dispel myths and misconceptions around family planning.

B. Outcome 2: Adolescents and youth

14. *Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level.* UNFPA will, including through the Joint Programme on Youth: (a) scale up life skills-based, age-appropriate, in- and out-of-school comprehensive sexuality education; (b) conduct national and community level advocacy to address sociocultural barriers that prevent adolescent girls from exercising their sexual and reproductive health rights, including ending child marriages; (c) provide technical support towards implementation of the fertility-related recommendations of the demographic dividend study; (d) intensify support for collection, dissemination and use of youth-related data; (e) provide technical assistance towards advocacy platforms for youth engagement in development issues; (f) train and raise awareness among young people on accessing sexual and reproductive health information and entrepreneurships; (g) support development and implementation of a national youth investment strategy through the interministerial committee on youth; and (h) build capacity of community facilitators to conduct sessions for parents and children on sexual and reproductive health and rights.

C. Outcome 3: Gender equality and women's empowerment

15. *Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation.* UNFPA will: (a) jointly coordinate implementation of the national action plan on ending gender-based violence; (b) advocate for the operationalization and monitoring of the Gender Equality Act; (c) build the capacity of the Ministry of Gender, Ministry of Health, the police and the judiciary for generating, analysing and using gender-based violence data, including in humanitarian settings; (d) continue supporting national advocacy efforts on ending child marriages; (e) continue supporting One-Stop-Centre services to survivors of gender-based violence; (f) provide technical support for the implementation of gender-related laws and national action plans aimed at eliminating harmful cultural practices, including child and forced marriages; (g) scale up male involvement in sexual and reproductive rights and gender-based violence initiatives; (h) build the capacity of faith-based organizations and community structures to eliminate harmful cultural practices; (i) consolidate UNFPA leadership on gender-based violence during emergencies; and (j) monitor application of minimum standards for prevention of sexual abuse and exploitation in humanitarian settings.

D. Outcome 4: Population dynamics

16. *Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development*

policies, programmes and advocacy. The programme will provide technical support for (a) in-depth thematic analysis of the 2018 population and housing census data, and use at national and subnational levels; (b) implementation of national surveys, including the Demographic Health Survey; (c) integration of demographic dynamics into national and subnational development policies and plans, including disaster data mapping; and (d) implementation of the new national population policy and action plan.

III. Programme and risk management

17. This country programme document outlines the contributions of UNFPA to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountability of managers at the country, regional and headquarter levels with respect to this country programme is prescribed in the UNFPA programme and operations policies and procedures, and the internal control framework.

18. Country office management will oversee compliance with UNFPA procedures and lead the team in delivering results; and engage in resource mobilization, particularly through United Nations joint programming, as well as through leveraging resource opportunities such as the Global Fund and Global Financing Facility, and by engaging bilateral donors and building strategic private-public partnerships.

19. The programme will be implemented within the framework of the United Nations 'delivering as one' modality, under the coordination of the Ministry of Finance, Economic Planning and Development. UNFPA will continue to implement the 'harmonized approach to cash transfers'. Partners will be selected based on their strategic relevance and ability to produce high-quality results and appropriate risk analysis. National execution will be the preferable implementation modality. Implementation of the realigned country office human resource plan will ensure that the country office has sufficient staff with the appropriate skills mix to deliver expected results. Additional support required will be sought from United Nations organizations, regional support teams, other country offices, South-South cooperation or from individual consultants.

20. Compliance with planned results may be threatened by potential programmatic risks such as budget ceiling reductions. To mitigate these potential risks, UNFPA will intensify innovative resource mobilization strategies. Malawi will hold general elections in 2019 that may delay UNFPA programming if policies and governance structures change. Programme activities will therefore be planned in a manner that mitigates any possible disruptions.

IV. Monitoring and evaluation

21. Relevant government institutions and UNFPA will monitor and evaluate the country programme, guided by UNFPA policies and procedures, and by applying the principles of results-based management and accountability frameworks. These will include joint annual reviews and planning meetings, joint monitoring visits and spot checks, assessments, thematic evaluations and final country programme evaluation.

22. The country office will assist in strengthening national and subnational monitoring and evaluation capacities and systems to strengthen results reporting. UNFPA will strengthen feedback mechanisms with beneficiaries and implementing partners to inform evidence-based programme design and implementation. The country office will support monitoring and tracking of Sustainable Development Goals, the United Nations Development Assistance Framework and the Malawi Growth and Development Strategy III.

RESULTS AND RESOURCES FRAMEWORK FOR MALAWI (2019-2023)

National priority: Improve health and quality of the population for sustainable socioeconomic development
UNDAF outcomes: (a) By 2023, rights holders in Malawi access more accountable and effective institutions at central and decentralized levels that use high-quality disaggregated data, offer integrated service delivery and promote civic engagement, respect for human rights and the rule of law. (b) By 2023, gender equality and the empowerment of women and girls in Malawi is enhanced. (c) By 2023, girls and boys aged 6-17, particularly the most marginalized, receive an integrated package of high-quality health, nutrition, HIV, education and protection services. (d) By 2023, men, women and children access high-impact comprehensive sexual and reproductive health rights and services

UNFPA strategic plan outcome	Country programme outputs	Output indicators, baselines and targets	Partner contributions	Indicative resources
Outcome 1: Sexual and reproductive health and rights Outcome indicators: • Proportion of births attended by skilled health personnel. *Baseline:* 90%; *Target:* 95% • Percentage of adolescent girls aged 15-19 who have their need for family planning met with modern methods. *Baseline*: 58; *Target*: 70 • Contraceptive prevalence rate for all women. *Baseline:* 45.2; *Target*: 60 • Number of adolescents and youth (aged 10-24) who have utilized integrated sexual and reproductive health services. *Baseline:* 1,279,638; *Target:* 2,461,100	Output 1: Health institutions and health workers, including midwives in the five focus districts, have improved capacities to provide high-quality integrated sexual and reproductive health services and information to the most marginalized women and young people, especially adolescents, including in humanitarian settings	Output indicators: • Percentage of health facilities in UNFPA focus districts providing emergency obstetric care. Baseline: 66; Target: 80 • Number of women and girls living with fistula receiving treatment with UNFPA support. *Baseline*: 1,377; *Target*: 2,000 • Number of identified vulnerable people provided with minimum initial service package for humanitarian response with UNFPA support. *Baseline:* 0; *Target:* 160,000 • Number of public health facilities in focus districts providing high-quality, adolescent-friendly, integrated sexual and reproductive health services. *Baseline:* 8; *Target:* 33	Ministry of Health and Population; Ministry of Gender; World Health Organization; United Nations organizations; midwifery colleges; civil society organizations; media; and development partners	$9 million ($4 million from regular resources and $5 million from other sources)
	Output 2: Ministry of Health is better able to effectively forecast, procure and distribute sexual and reproductive health commodities and maternal health life-saving drugs, including last mile tracking	Output indicators: • Number of additional users of family planning for adolescent girls aged 15-19 years in focus districts. *Baseline*: 141,000; *Target:* 794,250 • Percentage of service delivery points with functional Logistics Management Information System. *Baseline*: 85; *Target:* 98		$11.3 million ($1.3 million from regular resources and $10 million from other sources)
Outcome 2: Adolescents and youth Outcome indicators: • Percentage of women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major	Output 3: Young people, particularly adolescent girls, are more empowered to make informed choices about their sexual and reproductive health and rights, exercise leadership and participate in development at national and local level	Output indicators: • Number of identified marginalized girls in UNFPA focus districts that have successfully completed life skills programmes that build their health, social and economic assets. *Baseline:* 350,000; *Target:* 600,000 • A national comprehensive sexuality education manual for out-of-school youth in place. *Baseline*: No; *Target:* Yes	Ministry of Health and Population; Ministry of Youth; Ministry of Gender; Ministry of Education; Ministry of Local Government; civil society organization; United Nations	$12.1 million ($2.1 million from regular resources and $10.0 million from other sources)

misconceptions about HIV transmission. *Baseline*: 57.9 Female and 64 Male; *Target:* female: 65; male: 70 • Adolescent Birth rate. *Baseline*: 136/1,000; *Target:* 100/1,000		• Number of national- and district-level networks for the participation of young people in policy dialogue and programming. *Baseline:* 49; *Target:* 75	organizations; and development partners	
Outcome 3: Gender equality and women's empowerment Outcome indicators: • Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care. *Baseline:* 67%; *Target*: 80% • Proportion of ever-partnered women and girls aged 15 and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months. *Baseline:* 24%; *Target*: 20%	Output 4: Government entities, national human rights institutions, civil society organizations and communities at national level and in focus districts have improved capacities to prevent and address gender-based violence and sexual exploitation	Output indicators: • Number of women and girls, including persons living with disabilities, subjected to violence who received essential services in the five focus districts. *Baseline:* 1,300; *Target:* 4,300 • Number of districts with a functional gender-based violence information management system in place. *Baseline:* 0; *Target*: 5 • A costed national action plan for engagement of multiple stakeholders, including civil society, faith-based organizations, and men and boys, to prevent and address gender-based violence in place. *Baseline:* No; *Target:* Yes • A functional inter-agency coordination mechanism for reproductive health and gender-based violence in place at national and district levels. *Baseline:* No; *Target*: Yes	Ministry of Gender; Ministry of Health and Population; Malawi police; United Nations organizations; national human rights institutions; media; and civil society organizations	$6.1 million ($1.1 million from regular resources and $5 million from other sources)
Outcome 4: Population dynamics Outcome indicator(s): Number of ministries with sustainable development indicators produced at the national level with full disaggregation where required. *Baseline*: 0; *Target:* 6	Output 5: Public institutions are better able to mainstream demographic intelligence to improve the responsiveness, targeting and impact of development policies, programmes and advocacy	Output indicators: • Number of districts with district development plans that explicitly integrate demographic dynamics, including changing age structure and population distribution. *Baseline*: 0; *Target:* 5 • Number of districts that generate and use mapping to illustrate the vulnerability of their population to disasters and humanitarian crises. *Baseline:* 0; *Target:* 3	National Statistics of Malawi; Ministry of Health and Population; Ministry of Economic Planning and Development; Ministry of Local Government; United Nations organizations; and development partners	$6 million ($1 million from regular resources and $5 million from other sources)